

SOUTHFIELD PUBLIC SCHOOLS

REQUEST FOR CHECK

ACCOUNTS PAYABLE

Used for requesting payment ONLY when standard purchase order procedures can not be utilized.

Vendor ID: _____ New? YES NO *If YES, attach Vendor's W-9 Form*
(REQUIRED) (Circle One)

Payee: _____

Address: _____

Date Check Needed: _____

Account(s) to be Charged: _____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

TOTAL AMOUNT: \$ _____

Invoice Number(s): _____ Date: _____

Reason for Disbursement: _____

Special Instructions: _____

Requested by: _____ Date: _____

Approved, Bldg Dpt Admin: _____ Date: _____

Approved, Bus. Office: _____ Date: _____

Approved, Cabinet: _____ Date: _____

**ALL SUPPORTING DOCUMENTS & FORMS SHOULD BE ATTACHED
AND FORWARDED WITH THIS FORM TO THE
ACCOUNTS PAYABLE DEPARTMENT,
J.W.E. ADMINISTRATIVE CENTER**